

SPECIFIC INSTRUCTIONS

- A. PHYSICIAN MUST ALWAYS BE IMMEDIATELY AVAILABLE IN THE CLINIC AREA.
- B. ALL PATIENTS MUST REMAIN IN THE CLINIC AT LEAST 30 MINUTES AFTER AN INJECTION.
- C. Use a 26-28 gauge needle and give the subcutaneous injection into the lower deltoid area.
- D. Record date, dosage, and any reaction on a separate immunotherapy form.
- E. GRADING AND MANAGEMENT OF REACTIONS:

- (1) Negative (swelling up to 15 mm; i.e., dime size) - progress according to schedule.
- (2) "A" (swelling 15-20 mm; i.e., dime to nickel size) - repeat the same dosage.
- (3) "B" (swelling 20-25 mm; i.e., nickel to quarter size) - return to the last dosage which caused no reaction.
- (4) "C" (swelling persisting more than 12 hours or over 25 mm; i.e., quarter size or larger) - decreased dosage by 50%.
- (5) Systemic reactions (hives, sneezing, generalized itching, asthma, difficulty breathing, or shock) may be controlled by immediately placing a tourniquet above the injection site, and giving up to 0.01 ml/kg of 1:1000 epinephrine up to 0.50 ml every 10-20 minutes subcutaneously. NOTIFY THE PHYSICIAN! For the average adult give 0.10 ml 1:1000 epinephrine subcutaneously in the injection site and 0.20 ml of 1:1000 epinephrine in the other arm. Generally the allergen extract dose is reduced to 1/3 the last dosage that caused no systemic reaction and repeated 3 times before increasing dose. If the injections cause repeated reactions or are suspected of causing delayed symptoms repeatedly, or if reactions prevent progression of treatment, please contact the medical facility below for further instructions.

F. IF THE PATIENT MISSED THE SCHEDULED INJECTION BY:

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| Up to 7 days late, increase according to schedule. | 22 to 28 days late, reduce dose by 50%. |
| 8 to 14 days late, repeat the last dose. | 29 to 42 days late, reduce dose by 75%. |
| 15 to 21 days late, reduce dose by 25%. | 43 to 56 days late, reduce dose by 90%. |

In a patient with a history of previous shot reactions, severe asthma or server cardiac disease, the dose may need to be decreased even more. If in doubt, contact the medical facility below.
 If patient misses his/her schedule injection by over 8 weeks, contact the medical facility below!

G. If newly informed that patient is pregnant or on beta blockers, notify medical facility below for instructions.

H. REFILL EXTRACT PRESCRIPTIONS: When starting a new treatment vial, recommend a minimum of 40% reduction in initial dose.

RECOMMENDED TREATMENT INSTRUCTIONS: Progress treatment using one vial at a time starting with the lowest numbered vial. When the schedule for each vial is completed, go to the next higher vial.

13. VIAL NO.	13A. PNU/ml., WT/VOL, AU/ml CONTENT	13B. DAYS BETW. SHOTS	13C. SCHEDULE (See below)	13D. When the maximum tolerated dose or a dose of _____ ml of vial _____ has been achieved, injections should be administered every _____ weeks. An exception to this is during the period _____ when injections should be administered every _____ weeks.	
SCHEDULE A	SCHEDULE B	SCHEDULE C	SCHEDULE D	SCHEDULE E	
0.05 ml 0.10 ml 0.25 ml 0.60 ml	0.05 ml 0.10 ml 0.20 ml 0.40 ml 0.60 ml	0.05 ml 0.10 ml 0.20 ml 0.30 ml 0.40 ml 0.50 ml	0.05 ml 0.10 ml 0.15 ml 0.20 ml 0.30 ml 0.40 ml 0.50 ml	0.05 ml 0.07 ml 0.10 ml 0.15 ml 0.20 ml 0.25 ml	0.30 ml 0.35 ml 0.40 ml 0.45 ml 0.50 ml
SCHEDULE F (<i>Custom Schedule</i>)					

CUSTOM EXTRACT LABEL OR REMARKS

THE PRESCRIPTION MUST BE SIGNED BY THE ORDERING PHYSICIAN

14. SIGNATURE, RANK, AND DEGREE

14A. NAME OF MEDICAL FACILITY

14B. TELEPHONE NUMBER